

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001333

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 138

Primary Registration District No. 5521

Registrar's No. 18

STATE FILE NUMBER

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY

Hickory

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Center Township

Length of stay in 1b

13 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1 Mile E. of Hermitage

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Hickory

c. CITY OR TOWN

Center Township

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

1 Mile E. of Hermitage

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First Middle Last
George Cleveland Stroud

4. DATE OF DEATH

Month Day Year
Feb 3 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug 2 - 90

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hermitage

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Hermitage MO

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Joseph Stroud

13b. MOTHER'S MAIDEN NAME

Mary Johnson

14. NAME OF HUSBAND OR WIFE

Martha Jane Stroud

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Martha Stroud - Hermitage, Mo

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma (Lung)

INTERVAL BETWEEN ONSET AND DEATH

3 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 2 - 63 to Feb 3 - 63 and last saw her alive on Feb 3 - 63
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
C. O. Bailey

22b. ADDRESS

Hermitage, Mo

22c. DATE SIGNED

2/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb 6 - 63

23c. NAME OF CEMETERY OR CREMATORY

Liberty Cemetery

23d. LOCATION (City, town, or county)

Hermitage, Mo

24. FUNERAL DIRECTOR

Robert H. Hawley - Hermitage, Mo

ADDRESS

25. DATE REC'D. BY LOCAL REG.

Feb 6, 1963

26. REGISTRAR'S SIGNATURE

May Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0430

2 0430

3

4 0

5 1

6

7 0

8 0

9 163X

10

11

12 90-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas. Gilbert H. Thawway

Licensed Embalmer No. 4267

P. O. Address Whitland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.